

om: F15000004709 10/23/2015 13:45 355 0010

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000254342 3)))



H150002543423ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (888)692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

FILED  
15 OCT 23 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION  
DSRD INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED  
15 OCT 23 PH 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 26 2015

Y SULKER

From:

10/23/2015 13:46

#355 P.002/004

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. DSRD INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 11-3522026  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/08/1999 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON FILING  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 842 FAIRWAY LAKES DRIVE NICEVILLE FL, 32578  
(Principal office address)

(Current mailing address)

8. BUSINESS GROWTH  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

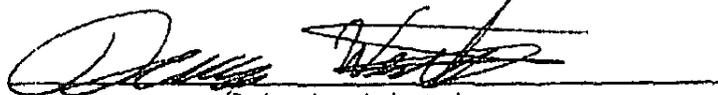
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DENNIS WESTLAKE

Office Address: 842 FAIRWAY LAKES DRIVE

NICEVILLE, Florida 32578  
(City) (Zip code)

10. Registered agent's acceptance:  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 OCT 23 AM 8:01

FILED

From:

10/23/2015 13:48

#355 P.003/004

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: DENNIS WESTLAKE  
Address: 842 FAIRWAY LAKES DRIVE  
NICEVILLE FL, 32578

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

B. OFFICERS

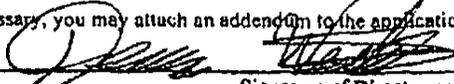
President: DENNIS WESTLAKE  
Address: 842 FAIRWAY LAKES DRIVE  
NICEVILLE FL, 32578

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: \_\_\_\_\_  
Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. DENNIS WESTLAKE-PRESIDENT \_\_\_\_\_

(Typed or printed name and capacity of person signing application)

FILED  
15 OCT 23 AM 8:01  
TALLAHASSEE, FLORIDA

**State of New York  
Department of State } ss:**

*I hereby certify, that the Certificate of Incorporation of DSRD INC. was filed on 12/08/1999, with perpetual duration, and that a diligent examination has been made of the Corporate Index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:*

*A Biennial Statement was filed 12/06/2001.*

*A Biennial Statement was filed 11/21/2003.*

*The Biennial Statement is past due.*

*I further certify that no other documents have been filed by such corporation.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 22nd day of October  
two thousand and fifteen.*

*Anthony Giardino*

Anthony Giardino  
Executive Deputy Secretary of State